					a management		DDIV 4 1D 1		
							BPW Award Date and		
1	Item and Category	Method # Bids		Original Contract Amount	Fund Sour	rce	Agenda Item		
	T00B8400013	CSP	2	\$150,000.00	SP- 100.	00%	3/22/2017		
	S-MOD						3-S		
	Using Agency		Contractor Name, City, State		Original Contract Number				
	MARYLAND DEPARTMENT OF								
	СОМІ	MERCE		MARYLAND NONPROFITS			T00B7400019		
				BALTIMORE	MD				
	1			or contract modifications, If	11		1 /		
				EWAL OPTIONS TO PROVIDE					
				SIST THE ECONOMIC GROWT	H & REVITALIZATIO	N OF NONE	PROFIT ENTITIES IN		
	MARYLAND. TERM	: 4/1/20							
				Complete Below - Contract					
	Mod No. and Value			% Increase this Mod. to	Cumulative % In				
	Mod Date:	of	Mod.	Original Contract	Mods to Original	Contract	Cum Total Contract Amount		
	4/1/2018		1	100.00%	100.00%	ó	\$300,000.00		
		\$150	,000.00						
							BPW Award Date and		
2	Item and Category	Method	# Bids	Original Contract Amount Fund Source		rce	Agenda Item		
	V00B8400080	CSB	2	\$111,800.00	GF- 100.	.00%			
	S								
	Using	iginal Contract Number							
				DENTRUST DENTAL					
	DEPARTMENT OF	JUVENILE	E SERVICES	MARYLAND					
				PIPERSVILLE	PA				
	Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal option)								
	Description/Remark	ks(Includ	le reasons fo	or contract modifications, If	applicable, and indi	cate if exten	nsion or renewal option)		
	PROVIDE DENTAL S	ERVICES	TO YOUTH	BETWEEN THE AGES OF 12 T	11		1 /		
	PROVIDE DENTAL S CULLEN CENTER IN	ERVICES SABILLAS	TO YOUTH I	BETWEEN THE AGES OF 12 T	11		1 /		
	PROVIDE DENTAL S CULLEN CENTER IN	ERVICES SABILLAS	TO YOUTH   SVILLE, MAF 23 (5 YEARS	BETWEEN THE AGES OF 12 TO RYLAND. W/NO RENEWAL OPTIONS)	O 20 YEARS OLD RE	SIDING AT	1 /		
	PROVIDE DENTAL S CULLEN CENTER IN	ERVICES SABILLAS 3/31/202	TO YOUTH I SVILLE, MAF 23 (5 YEARS	BETWEEN THE AGES OF 12 TO RYLAND. W/NO RENEWAL OPTIONS) Complete Below - Contrac	O 20 YEARS OLD RE	SIDING AT	1 /		
	PROVIDE DENTAL S CULLEN CENTER IN TERM: 4/1/2018 - 3	ERVICES SABILLAS 3/31/202 Mod No	TO YOUTH I SVILLE, MAF 23 (5 YEARS 5. and Value	BETWEEN THE AGES OF 12 TO A STAND.  W/NO RENEWAL OPTIONS)  Complete Below - Contract  1 % Increase this Mod. to	O 20 YEARS OLD RE  t Modifications On  Cumulative % Inc	SIDING AT a substitution of the substitution o	THE VICTOR		
	PROVIDE DENTAL S CULLEN CENTER IN	ERVICES SABILLAS 3/31/202 Mod No	TO YOUTH I SVILLE, MAF 23 (5 YEARS	BETWEEN THE AGES OF 12 TO RYLAND. W/NO RENEWAL OPTIONS) Complete Below - Contrac	O 20 YEARS OLD RE	SIDING AT a substitution of the substitution o	1 /		
	PROVIDE DENTAL S CULLEN CENTER IN TERM: 4/1/2018 - 3	ERVICES SABILLAS 3/31/202 Mod No	TO YOUTH I SVILLE, MAF 23 (5 YEARS 5. and Value	BETWEEN THE AGES OF 12 TO A STAND.  W/NO RENEWAL OPTIONS)  Complete Below - Contract  1 % Increase this Mod. to	O 20 YEARS OLD RE  t Modifications On  Cumulative % Inc	SIDING AT all all all all all all all all all al	THE VICTOR		
	PROVIDE DENTAL S CULLEN CENTER IN TERM: 4/1/2018 - 3	ERVICES SABILLAS 3/31/202 Mod No	TO YOUTH I SVILLE, MAF 23 (5 YEARS 5. and Value	BETWEEN THE AGES OF 12 TO A STAND.  W/NO RENEWAL OPTIONS)  Complete Below - Contract  1 % Increase this Mod. to	O 20 YEARS OLD RE  t Modifications On  Cumulative % Inc	SIDING AT all all all all all all all all all al	THE VICTOR		
	PROVIDE DENTAL S CULLEN CENTER IN TERM: 4/1/2018 - 3	ERVICES SABILLAS 3/31/202 Mod No	TO YOUTH I SVILLE, MAF 23 (5 YEARS 5. and Value	BETWEEN THE AGES OF 12 TO A STAND.  W/NO RENEWAL OPTIONS)  Complete Below - Contract  1 % Increase this Mod. to	O 20 YEARS OLD RE  t Modifications On  Cumulative % Inc	SIDING AT all all all all all all all all all al	THE VICTOR		

							BPW Award Date and
3	Item and Category	Method	# Bids	Original Contract Amount	Fun	d Source	Agenda Item
	T00B8400012	SS	0	\$88,000.00	GF-	100.00%	
	S						
	Using	Agency		Contractor Name,	City, State	Or	iginal Contract Number
				BIOTECHNOLOGY			
	MARYLAND DI		ENT OF	INDUSTRY ORGANIZATION			
	COMI	MERCE		WASHINGTON	DC		
	Description/Remark	zs(Includ	e reasons fo	or contract modifications, If		d indicate if exte	nsion or renewal ontion)
				N/BOOTH SPACE FOR TH			
				INESS ENTITIES SELECTE			
				7, 2018 IN BOSTON, MA.	D D I COMM	LITOL AT THE Z	TO DIO INTERNATIONAL
	CONVENTION	<i>DE</i> 11222		Complete Below - Contrac	t Modificatio	ons Only	
		Mod No		% Increase this Mod. to		e % Increase All	
	Mod Date:		Mod.	Original Contract		riginal Contract	Cum Total Contract Amount
				-			
DDW Award							
							BPW Award Date and
4	Item and Category	Method	# Bids	Original Contract Amount	Fun	d Source	BPW Award Date and Agenda Item
4	Item and Category M00B8400571	Method CSP	# Bids	Original Contract Amount \$123,704.95	Fun	d Source 100.00%	
4				•			
4	M00B8400571 S			•	FF-	100.00%	
4	M00B8400571 S	CSP		\$123,704.95	FF-	100.00%	Agenda Item
4	M00B8400571 S	CSP Agency	2	\$123,704.95  Contractor Name, ALL COUNTY SECURITY AGENCY, INC.	FF-	100.00%	Agenda Item
4	M00B8400571 S Using MD DEPARTM	CSP Agency ENT OF H	2 HEALTH	\$123,704.95  Contractor Name,  ALL COUNTY SECURITY  AGENCY, INC.  ELLICOTT CITY	FF- City, State	00.00%	Agenda Item
4	M00B8400571 S Using MD DEPARTM Description/Remark	CSP Agency ENT OF F	2 HEALTH	\$123,704.95  Contractor Name,  ALL COUNTY SECURITY  AGENCY, INC.  ELLICOTT CITY  or contract modifications, If	FF- City, State MD applicable, an	Or Or dindicate if exte	Agenda Item  iginal Contract Number  nsion or renewal option)
4	M00B8400571 S Using MD DEPARTM Description/Remark	Agency  ENT OF H  ks(Includ	2 HEALTH The reasons for CONDUCT	\$123,704.95  Contractor Name,  ALL COUNTY SECURITY  AGENCY, INC.  ELLICOTT CITY  or contract modifications, If  COMPLIANCE BUYS FOR TH	FF- City, State MD applicable, an	Or Or dindicate if exte	Agenda Item  iginal Contract Number  nsion or renewal option)
4	M00B8400571 S Using MD DEPARTM Description/Remarl PROVIDE INVESTIGATION	Agency ENT OF H ks(Includ ATORS TO	2 HEALTH The reasons for CONDUCT PROGRAM	\$123,704.95  Contractor Name,  ALL COUNTY SECURITY  AGENCY, INC.  ELLICOTT CITY  or contract modifications, If a  COMPLIANCE BUYS FOR TH  INVESTIGATION SERVICES.	FF- City, State  MD applicable, an	Or Or Id indicate if exte	Agenda Item  iginal Contract Number  nsion or renewal option)
4	M00B8400571 S Using MD DEPARTM Description/Remarl PROVIDE INVESTIGATION	Agency ENT OF H ks(Includ ATORS TO	EALTH  The reasons for the conduct of the conduct o	\$123,704.95  Contractor Name, ALL COUNTY SECURITY AGENCY, INC. ELLICOTT CITY or contract modifications, If COMPLIANCE BUYS FOR TH INVESTIGATION SERVICES. W/NO RENEWAL OPTIONS)	FF- City, State  MD applicable, an E WOMEN, IN	Or Or Indicate if exterior & CHILDR # 18-17438	Agenda Item  iginal Contract Number  nsion or renewal option)
4	M00B8400571 S Using MD DEPARTM Description/Remarl PROVIDE INVESTIGATION	Agency ENT OF H ks(Includ ATORS TO JTRITION 3/31/202	2 HEALTH The reasons for CONDUCT PROGRAM TO SEE THE SE	\$123,704.95  Contractor Name, ALL COUNTY SECURITY AGENCY, INC. ELLICOTT CITY or contract modifications, If a COMPLIANCE BUYS FOR TH INVESTIGATION SERVICES. W/NO RENEWAL OPTIONS) Complete Below - Contract	FF- City, State  MD applicable, an E WOMEN, IN MDH OPASS at	Or Or Indicate if exterior & CHILDR # 18-17438	Agenda Item  iginal Contract Number  nsion or renewal option)
4	M00B8400571 S Using MD DEPARTM Description/Remarl PROVIDE INVESTIGATION SUPPLEMENTAL NUTTERM: 4/1/2018 - 3	Agency ENT OF H ks(Includ ATORS TO JTRITION 3/31/202 Mod No	JEALTH  Le reasons for CONDUCT  PROGRAM  3 (5 YEARS)	\$123,704.95  Contractor Name,  ALL COUNTY SECURITY  AGENCY, INC.  ELLICOTT CITY  or contract modifications, If a  COMPLIANCE BUYS FOR TH  INVESTIGATION SERVICES.  W/NO RENEWAL OPTIONS)  Complete Below - Contract  % Increase this Mod. to	FF- City, State  MD applicable, an E WOMEN, IN MDH OPASS at Modificatio Cumulative	Or  d indicate if extered in the second indicate if extered in the second in the secon	Agenda Item  iginal Contract Number  nsion or renewal option)  EN (WIC)
4	M00B8400571 S Using MD DEPARTM Description/Remarl PROVIDE INVESTIGATION	Agency ENT OF H ks(Includ ATORS TO JTRITION 3/31/202 Mod No	2 HEALTH The reasons for CONDUCT PROGRAM TO SEE THE SE	\$123,704.95  Contractor Name, ALL COUNTY SECURITY AGENCY, INC. ELLICOTT CITY or contract modifications, If a COMPLIANCE BUYS FOR TH INVESTIGATION SERVICES. W/NO RENEWAL OPTIONS) Complete Below - Contract	FF- City, State  MD applicable, an E WOMEN, IN MDH OPASS at Modificatio Cumulative	Or Or Indicate if exterior & CHILDR # 18-17438	Agenda Item  iginal Contract Number  nsion or renewal option)
4	M00B8400571 S Using MD DEPARTM Description/Remarl PROVIDE INVESTIGATION SUPPLEMENTAL NUTTERM: 4/1/2018 - 3	Agency ENT OF H ks(Includ ATORS TO JTRITION 3/31/202 Mod No	JEALTH  Le reasons for CONDUCT  PROGRAM  3 (5 YEARS)	\$123,704.95  Contractor Name,  ALL COUNTY SECURITY  AGENCY, INC.  ELLICOTT CITY  or contract modifications, If a  COMPLIANCE BUYS FOR TH  INVESTIGATION SERVICES.  W/NO RENEWAL OPTIONS)  Complete Below - Contract  % Increase this Mod. to	FF- City, State  MD applicable, an E WOMEN, IN MDH OPASS at Modificatio Cumulative	Or  d indicate if extered in the second indicate if extered in the second in the secon	Agenda Item  iginal Contract Number  nsion or renewal option)  EN (WIC)
4	M00B8400571 S Using MD DEPARTM Description/Remarl PROVIDE INVESTIGATION SUPPLEMENTAL NUTTERM: 4/1/2018 - 3	Agency ENT OF H ks(Includ ATORS TO JTRITION 3/31/202 Mod No	JEALTH  Le reasons for CONDUCT  PROGRAM  3 (5 YEARS)	\$123,704.95  Contractor Name,  ALL COUNTY SECURITY  AGENCY, INC.  ELLICOTT CITY  or contract modifications, If a  COMPLIANCE BUYS FOR TH  INVESTIGATION SERVICES.  W/NO RENEWAL OPTIONS)  Complete Below - Contract  % Increase this Mod. to	FF- City, State  MD applicable, an E WOMEN, IN MDH OPASS at Modificatio Cumulative	Or  d indicate if extered in the second indicate if extered in the second in the secon	Agenda Item  iginal Contract Number  nsion or renewal option)  EN (WIC)

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5	Item and Category	Method	# Bids	Original Contract Amount	Fund Sour	rce	Agenda Item
	E50B8400026	SS	0	\$70,871.41	GF- 50.	00%	
	S				FF- 50.0	00%	
	Using	Agency		Contractor Name,	City, State	Ori	ginal Contract Number
	DEPARTMENT OF	ASSESS	MENTS &				
	TAXA	ATION		MARSHALL & SWIFT			
				MILWAUKEE	WI		
	Description/Remark	ks(Includ	le reasons fo	or contract modifications, If	applicable, and indi	cate if exter	sion or renewal option)
		LUATION ANALYTICS					
				FOR ESTIMATING THE BUILD			DE ARRAY OF
	RESIDENTIAL, COM	MERCIAL		IAL BUILDING TYPES. TERM			
				Complete Below - Contract			
			and Value		Cumulative % In		
	Mod Date:	of	Mod.	Original Contract	Mods to Original	Contract	Cum Total Contract Amount
110000000000000000000000000000000000000							BPW Award Date and
							4 1 T.
6	Item and Category		# Bids	Original Contract Amount	Fund Sour		Agenda Item
6	N00B8400348	Method SS	# Bids	Original Contract Amount \$99,995.00	Fund Sour		Agenda Item
6	N00B8400348 S	SS		\$99,995.00	FF- 100.	00%	-
6	N00B8400348 S			\$99,995.00  Contractor Name,	FF- 100.	00%	Agenda Item
6	N00B8400348 S Using	SS Agency	0	\$99,995.00  Contractor Name, GEORGETOWN	FF- 100.	00%	-
6	N00B8400348 S	SS Agency	0	\$99,995.00  Contractor Name, GEORGETOWN UNIVERSITY, INC.	FF- 100. City, State	00%	-
6	N00B8400348 S Using DEPARTMENT OF	SS Agency HUMAN	0 SERVICES	\$99,995.00  Contractor Name,  GEORGETOWN  UNIVERSITY, INC.  WASHINGTON	FF- 100. City, State DC	Ori	ginal Contract Number
6	N00B8400348 S Using DEPARTMENT OF	Agency HUMAN	SERVICES	\$99,995.00  Contractor Name,  GEORGETOWN  UNIVERSITY, INC.  WASHINGTON or contract modifications, If a	FF- 100.  City, State  DC  applicable, and indi	Ori Ori	ginal Contract Number  sion or renewal option)
6	N00B8400348 S Using DEPARTMENT OF Description/Remark	Agency HUMAN  KS(Includ OF THE C	SERVICES le reasons fo	\$99,995.00  Contractor Name,  GEORGETOWN  UNIVERSITY, INC.  WASHINGTON  or contract modifications, If a	FF- 100.  City, State  DC  applicable, and indi	Ori Ori	ginal Contract Number  sion or renewal option)
6	N00B8400348 S Using DEPARTMENT OF Description/Remark IMPLEMENTATION TO 3 COHORTS OF S	Agency HUMAN  cs(Includ OF THE C	O SERVICES le reasons fo	\$99,995.00  Contractor Name,  GEORGETOWN UNIVERSITY, INC. WASHINGTON or contract modifications, If a contract modification of the contract model, A DICTIONS IN MD.	FF- 100.  City, State  DC  applicable, and indi	Ori Ori	ginal Contract Number  sion or renewal option)
6	N00B8400348 S Using DEPARTMENT OF Description/Remark IMPLEMENTATION TO 3 COHORTS OF S	Agency HUMAN  cs(Includ OF THE C	O SERVICES Le reasons for CROSSOVER THE 8 JURIS 9 (APPROX.	\$99,995.00  Contractor Name,  GEORGETOWN UNIVERSITY, INC. WASHINGTON or contract modifications, If a YOUTH PRACTICE MODEL, A DICTIONS IN MD. 1 YEAR, 3 MONTHS)	FF- 100.  City, State  DC  applicable, and indi	Ori Cate if exter	ginal Contract Number  sion or renewal option)
6	N00B8400348 S Using DEPARTMENT OF Description/Remark IMPLEMENTATION TO 3 COHORTS OF S	Agency HUMAN  Ass(Include OF THE CONTESTO 7/31/201	SERVICES le reasons fo CROSSOVER THE 8 JURIS 9 (APPROX.	\$99,995.00  Contractor Name,  GEORGETOWN  UNIVERSITY, INC.  WASHINGTON  or contract modifications, If a  YOUTH PRACTICE MODEL, A  DICTIONS IN MD.  1 YEAR, 3 MONTHS)  Complete Below - Contract	FF- 100.  City, State  DC  applicable, and indi . SYSTEM REFORM,	Ori Cate if exter SERVICES	ginal Contract Number  sion or renewal option)
6	N00B8400348 S Using DEPARTMENT OF Description/Remark IMPLEMENTATION TO 3 COHORTS OF STERM: 4/2/2018 - 7	Agency HUMAN  CS(Includ OF THE C  SITES TO 7/31/201  Mod No	SERVICES  Le reasons for CROSSOVER THE 8 JURIS 9 (APPROX.	\$99,995.00  Contractor Name,  GEORGETOWN UNIVERSITY, INC.  WASHINGTON or contract modifications, If a YOUTH PRACTICE MODEL, A DICTIONS IN MD. 1 YEAR, 3 MONTHS)  Complete Below - Contract % Increase this Mod. to	FF- 100.  City, State  DC  applicable, and indi SYSTEM REFORM,  t Modifications On  Cumulative % Inc.	Ori Cate if exter SERVICES Ily crease All	ginal Contract Number usion or renewal option) TO BE PROVIDED
6	N00B8400348 S Using DEPARTMENT OF Description/Remark IMPLEMENTATION TO 3 COHORTS OF S	Agency HUMAN  CS(Includ OF THE C  SITES TO 7/31/201  Mod No	SERVICES le reasons fo CROSSOVER THE 8 JURIS 9 (APPROX.	\$99,995.00  Contractor Name,  GEORGETOWN  UNIVERSITY, INC.  WASHINGTON  or contract modifications, If a  YOUTH PRACTICE MODEL, A  DICTIONS IN MD.  1 YEAR, 3 MONTHS)  Complete Below - Contract	FF- 100.  City, State  DC  applicable, and indi . SYSTEM REFORM,	Ori Cate if exter SERVICES Ily crease All	ginal Contract Number  sion or renewal option)
6	N00B8400348 S Using DEPARTMENT OF Description/Remark IMPLEMENTATION TO 3 COHORTS OF STERM: 4/2/2018 - 7	Agency HUMAN  CS(Includ OF THE C  SITES TO 7/31/201  Mod No	SERVICES  Le reasons for CROSSOVER THE 8 JURIS 9 (APPROX.	\$99,995.00  Contractor Name,  GEORGETOWN UNIVERSITY, INC.  WASHINGTON or contract modifications, If a YOUTH PRACTICE MODEL, A DICTIONS IN MD. 1 YEAR, 3 MONTHS)  Complete Below - Contract % Increase this Mod. to	FF- 100.  City, State  DC  applicable, and indi SYSTEM REFORM,  t Modifications On  Cumulative % Inc.	Ori Cate if exter SERVICES Ily crease All	ginal Contract Number usion or renewal option) TO BE PROVIDED
6	N00B8400348 S Using DEPARTMENT OF Description/Remark IMPLEMENTATION TO 3 COHORTS OF STERM: 4/2/2018 - 7	Agency HUMAN  CS(Includ OF THE C  SITES TO 7/31/201  Mod No	SERVICES  Le reasons for CROSSOVER THE 8 JURIS 9 (APPROX.	\$99,995.00  Contractor Name,  GEORGETOWN UNIVERSITY, INC.  WASHINGTON or contract modifications, If a YOUTH PRACTICE MODEL, A DICTIONS IN MD. 1 YEAR, 3 MONTHS)  Complete Below - Contract % Increase this Mod. to	FF- 100.  City, State  DC  applicable, and indi SYSTEM REFORM,  t Modifications On  Cumulative % Inc.	Ori Cate if exter SERVICES Ily crease All	ginal Contract Number usion or renewal option) TO BE PROVIDED

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7	Item and Category	Method	# Bids	Original Contract Amount	Fund Sour	ce	Agenda Item		
	COH56530	CSP	2	\$94,500.00	SP- 100.0	00%			
	S-MOD				(HOSPITAL ASSESSM	IENTS)			
	Using Agency			Contractor Name, City, State		Or	Original Contract Number		
	MD DEPARTMENT OF HEALTH			SCHOTT HEALTHCARE					
				CONSULTING, LLC			M00B7400589		
				DERWOOD	MD				
	•			or contract modifications, If	11		1 /		
				L OPTION TO PROVIDE CON					
				RTIFICATE OF NEED PROPOS	SALS FOR THE HEALT	H SERVICE	S COST REVIEW		
	COMMISSION (HSC	RC). TEF		18 - 7/31/2019 (1 YEAR)					
				Complete Below - Contrac					
				% Increase this Mod. to	Cumulative % Increase All				
	Mod Date:	of	Mod.	Original Contract	Mods to Original Contract		Cum Total Contract Amount		
	3/29/2018		1	100.00%	100.00%		\$189,000.00		
		\$94,	500.00						
							BPW Award Date and		
8	Item and Category		# Bids	Original Contract Amount	Fund Sour	ce	Agenda Item		
	R00R8401428	CSB							
	Using Agency Contractor Name, City, State Original Contract Num								
MARYLAND DEPARTMENT OF EDUCATION									
	MARYLAND DEPART	MENT OF	EDUCATION						
	Description/Pemorl	zs(Inalud	a ransans fo	ar contract modifications If	annlicable and indic	onto if ovto	nsion or renewal antion)		
Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or rene									
	SOLICITATION CANCELLATION BEFORE BID OPENING FOR A VEHICLE MODIFICATION FOR A DEPARTMENT OF								
REHABILITATION SERVICES (DORS) CUSTOMER'S 2018 HONDA ODYSSEYS BECAUSE THE CONVERSION COMPANIES A NOT ABLE TO CONVERT NEW MODEL YEAR CUSTOMER SUPPLIED CHASSISES UNTIL AUGUST OR SEPTEMBER 2018.									
	NOT ABLE TO CONT	LIKI IVEV		Complete Below - Contrac			THINDEN 2010.		
		Mod No		% Increase this Mod. to	Cumulative % Inc	_			
	Mod Date:		Mod.	Original Contract	Mods to Original		Cum Total Contract Amount		
	Mod Date.	OI	1,104.	Original Contract	mous to original	Communi	Cum Total Contract Amount		